

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
		Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
1		/									
2			/								
3			/								
4				/							
5				/							
6					/						
7					/						
8					/						
9						/					
10							/				
11								/			
12									/		
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
Total Indep											
Total Depend											
Total Claims											

BEST AVAILABLE COPY